

MDR Tracking Number: M5-04-2435-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 5, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Methadone, hydrocodone/APAP, Carisoprodol, Senna, Prevacid, and Effexor were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 09-12-03 to 03-27-04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

July 28, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-2435-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in family practice which is the same specialty as the treating physician, provides health care to injured

workers, and licensed by the Texas State Board of Medical Examiners in 1976. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This is a 48 year-old man who injured his neck and back \_\_\_\_ when a box fell on his shoulder, resulting in chronic neck pain. He has a past history of a cervical spine surgery prior to the accident and a cerebrovascular accident in August of 2001. He has been unable to work since the accident due to his diagnosis of neck pain, gastro-esophageal reflux disease, and anxiety and he refuses further work-up or referrals. His medications at the time of the denial are as follows: Methadone 10 milligram 240 doses per month as needed for pain, hydrocodone/APAP 10/325 (Norco) 180 doses per month as needed for breakthrough pain, carisoprodol (Soma) two times daily for muscle spasm, Senna 1 time daily for constipation, Prevacid 30 milligrams 1 time per day for gastric reflux, and Effexor XR 75 milligrams 1 time daily for depression.

#### Requested Service(s)

Methadone, hydrocodone/APAP, carisoprodol, Senna, Prevacid, and Effexor for dates of service from 09/12/03 to 03/27/04

#### Decision

It is determined that the above medications methadone, hydrocodone/APAP, carisoprodol, Senna, Prevacid, and Effexor for dates of service from 09/12/03 to 03/27/04 are not medically necessary regarding the injury of \_\_\_\_.

#### Rationale/Basis for Decision

The injury of \_\_\_\_ did not cause any additional injury, as noted by no change in the cervical spine scans. Problems may exist; however, they are not associated with this injury. Therefore, the medications in question are not medically necessary regarding the injury of \_\_\_\_.

Sincerely,